

IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) Willis B Harvey Prop Inc New Installation Septic Tank
Property Location: SR# 1257 Repairs Nitrification Line

Subdivision River Bluff Lot # 28

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 1.343 AC

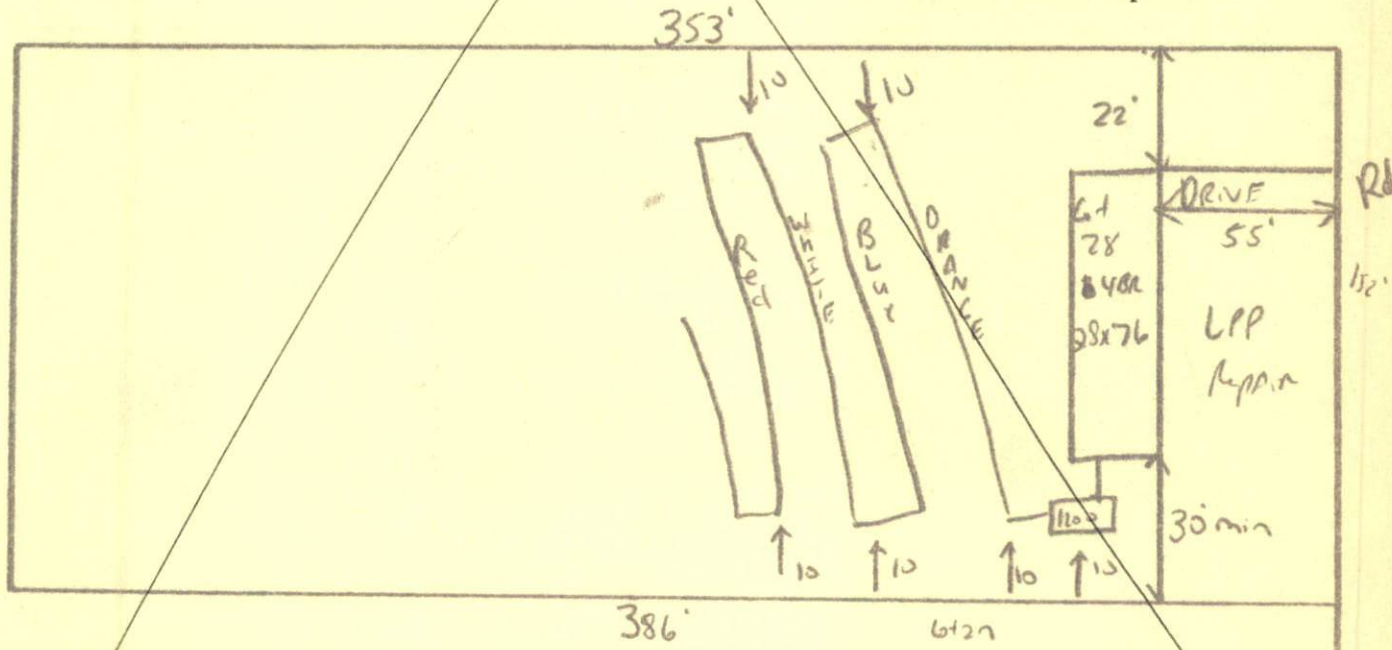
Basement with Plumbing: Garage: NOTE CHANGE IN
Water Supply: Well Public Community HOUSE LOCATION.
Distance From Well: _____ ft. MOVE HOUSE FORWARD

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional 1200 Other _____
Size of tank: Septic Tank: 1200 gallons Pump Tank: _____ gallons
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 640 ft. width of ditches 3 ft. depth of ditches 18 in.
French Drain Required: _____ Linear feet

This permit is subject to revocation if site plans or intended use change.

Date: 3-30-98
Signed: JR WARS
Environmental Health Specialist



NOTE Changes IN house Location - move house forward keep front of the house 55' from front property line & 30' from lot 28/27 property line. STUB out plumbing shallow 18" ditch depth follow contours MAINTAIN all required setbacks

HARNETT COUNTY HEALTH DEPARTMENT
AU THORIZATION TO CC NSTRUCT VOID 11/24/99

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 13461. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change.

Owner or Authorized Agent Willis B. Harvey Prop Inc

Name: _____ Telephone # _____

Address: _____

Property Location: SR # 1257 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision River Blk A Lot # 28

Number of Bedrooms Proposed: 4 Lot size: 1.343 AC

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: _____ ft.

Type of System: Conventional Other _____

Tank Volume: Septic Tank 1200 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 640

Width of ditches 3 ft. Depth of ditches 18 inches

French Drain: Linear feet required _____ Depth of gravel _____

No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the improvement permit and that a valid operations permit has been issued.

Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 3-31-98